

Prout (J.S.)

Subscription

A POINT
IN
HOSPITAL MANAGEMENT,

BEING A PORTION OF THE REMARKS MADE BY THE RETIRING PRESIDENT,

J. S. PROUT, M. D.,

OF

BROOKLYN, N. Y.,

AT THE

Annual Meeting of the Medical Society

OF THE COUNTY OF KINGS, N. Y.

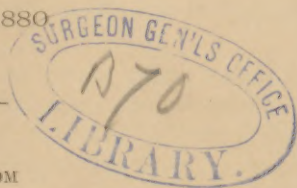
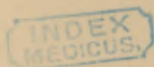
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A POINT IN HOSPITAL MANAGEMENT.

BY J. S. PROUT, M.D.

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A private patient in a general hospital pays for his board, etc., but pays nothing for medical services, and the physician who attends him is paid nothing—that is, the patient is necessarily a pauper, so far as the medical man is concerned, as the latter can make no charge for services rendered. Consequently, a physician who has a hospital appointment can obtain for his patient the advantages of a private room in the hospital only by giving up all pecuniary interest in the patient, while a man without a hospital appointment, or with one in the wrong place, can do so only by the entire loss of *both* patient and fees. This should not be. It is bad for patient and medical attendant; it is worse for the hospital and the medical men on its staff. Hence, without any qualification or reservation, I lay down the following

PROPOSITION: A general hospital should have private rooms, the patients occupying which may choose their own medical attendants, whether on the hospital staff or not, paying them for their services at their usual rates of charging. The hospital shall furnish such patients with all other necessities at the ordinary published rates for private patients.

REMARKS: As a student, I was (1854-5) an interne of the Washington City Infirmary, a general hospital, in which there were, besides the public wards, private rooms for the reception of private patients. The latter were either under the care of the attending staff or chose their own medical attendants, who were required to be members of the local regular medical society. Members of the attending staff, when they were especially retained, were allowed to charge these patients for their services.

This arrangement had long existed and worked well—there was no difficulty in carrying it out.

The Infirmary is no longer in existence, having been destroyed by fire some years ago.

In the Boston *Medical and Surgical Journal* for July 30, 1868, p. 414, there is an interesting account of the Carney Hospital, a hospital situated

on high ground on the south-western slope of Dorchester Heights, in South Boston. A peculiarity of its organization was, that the members of the Consulting Board had the privilege of attending patients in the private rooms and of charging for their attendance as if at a private house. All regular physicians who were members of the Suffolk District Society had the same privilege after obtaining a written recommendation from one of the Consulting Board, and a permit from the Sister-in-charge, with the proviso that no physician or surgeon, whether a member of the Board or an outsider, should have more than one such private patient in the hospital at a time. The Sisters reserved the right to revoke this permission if it should be found impossible to carry out the plan with entire success. How well it has worked and what modifications have been made in it, the following extracts from a letter from Dr. H. Derby, one of the two ophthalmic surgeons, to the writer, dated Boston, Nov. 8, 1879, will show :

* * The Carney Hospital * * was established in 1863, and incorporated two years later. Its founder, the late Andrew Carney, devised a piece of land and a sum of money to the Sisters of Charity for the erection of a hospital. The present building was accordingly erected, and is wholly managed by them.

There is a consulting board of four, a visiting staff of eight, four medical and four surgical, and two ophthalmic surgeons ; also a physician for diseases of women, and a pathologist. These 16 form the staff and hold regular meetings. They nominate to vacancies, though the appointment has, in all cases, to be confirmed by the Sister in charge of the hospital.

There are six private rooms above, and a varying number (ordinarily four,) below. Board and nursing varies from eight to twenty-five dollars a week. To these rooms any regular physician in good standing, *i. e.* any member of our State Society, can send patients, a note from him and their ability to defray their expenses, being the only passport required. The number of patients any one physician may send, is only limited by the number of rooms. I, for instance, have at this moment seven rooms full. On these patients I operate and call at my own convenience. They are subject to the single restriction of not receiving visitors after 8 P. M. I ought also to add that the rules of the order do not allow the admission of venereal cases.

For eleven years I have sent my private patients to this hospital and have found it an immense convenience. There has been no clashing between myself and the rest of the staff, although for nine of these years I was an outsider, my appointment as ophthalmic surgeon only dating back two years. Many cases of ovariectomy are also sent here to be operated on, the elevated position of the hospital and the superior nursing being found two important factors in the successful treatment of such cases. And, in reference to this last point, that of nursing, let me say that the strong point of the Carney Hospital is the fact of its being in the hands of Sisters of Charity. They are sixteen in number, and fill all the offices, keeping the books, doing the cooking, supervising the washing, acting as apothecary and nursing. They cost us nothing but their dress and food, are precluded by their own rules from receiving the slightest personal gift, and, as you know, are, as a rule, the most faithful, conscientious and efficient of nurses.

All religions are welcomed at the Hospital, and clergymen of their own faith are provided all who desire them.

It will be seen from the above that the restriction as to number originally imposed has been abandoned. The rooms go to the first-comer. Dr. Derby sends many of his operative and serious private cases to the Carney, and says he has "found it an immense convenience" to do so. His office is in communication by telephone with the Hospital.

In the Cincinnati *Lancet and Clinic* of Oct. 4th, 1879, p. 248 in a letter from St. Louis, Mo., I find the following: "Among the institutions of St. Louis, that are of interest to medical men, is St. Luke's Hospital, which has been carried on for a number of years, under the auspices of the Episcopal churches of this city. * * * They have wards for patients whose means are limited, and private rooms for those who are able to pay liberally. Patients taking private rooms employ any physician or surgeon whom they choose, whether on the staff or not."

Ground for a new building has been promised the trustees, provided they will raise money with which to erect it. This they hope soon to accomplish. The plan, therefore, must be considered to work well in St. Louis; it works well in Boston, and it worked well in Washington City. *It would work well here*, and has always seemed to me a great misfortune that it has not been adopted in Brooklyn. Often, for want of it, the patient loses the advantages that a hospital affords of good nursing, discipline, etc.; the physician is not able to do his patient full justice, and the hospital not only loses the money that the patient would pay, but, what may be of even greater value, it does not invite the friendly regard of the physician, who would naturally feel a personal interest in the welfare of an institution that gave him such increased facilities for carrying on his work.

The attending staff of a hospital may object to the adoption of this method on the ground that it will take patients from them. But this small concession is much more than offset by the fact that they will receive, in return, the privilege of treating their private patients in the private rooms of the hospital, with all its advantages in respect of nursing, etc., and also of charging for their services; thus assisting, in some degree, in getting rid of the abuse of misplaced and undeserved hospital charity.

As an outline of a working plan the following regulations may be suggested:

1. The attending staff shall have full medical control over the patients in the wards.
2. Patients who take private rooms shall be attended gratuitously by the attending staff on duty at the time; or they may choose their own physicians, whether on the staff or not, paying them for their services as if in a private house.
3. Any member of the Medical Board, or any regular practitioner

in good standing, recommended by one of the Board, may attend private patients, as provided for in the second clause of section 2.

4. The Medical Board may prescribe the hours during which private patients shall be visited by their physicians, and may at any time revoke this privilege as to any practitioner.

5. In order to prevent all misunderstanding, each receipt given to a private patient shall specify that medical attendance is to be furnished by the hospital; *or*, that the patient, having chosen his or her own physician, is to pay such physician for his or her services.

Let me detain you a moment longer to do an act of historical justice. The Washington City Infirmary, to which I have referred, was a general hospital, the attending staff of which formed, in large part, the Faculty of the National Medical College, a college that gave its instruction in the wards and under the roof of the Infirmary: "the courses of instruction being given within the hospital building." I matriculated in this college in 1852, and found this the method of instruction; a method that had been followed for years, and that continued for several years after I graduated in 1856; that is, until the Infirmary building was burned down.

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